



**AHCCCS Health Insurance
Breast & Cervical Cancer Treatment Program
Referral**



TO: AHCCCS BCCTP Unit 1209 East Washington Street Phoenix, AZ 85034	FROM: AZ-NBCCEDP Program Office Location: Referring Worker:
Phone: (602) 417-5032	Phone: ()
FAX: (602) 417-5057	FAX: ()
<p>This referral confirms that the woman named below has been, screened, diagnosed and determined to need treatment for breast cancer, cervical cancer or a pre-cancerous cervical lesion through one of the Arizona Programs of the National Breast and Cervical Cancer Early Detection Program.</p>	
Woman's name:	
Date of diagnosis:	
Diagnosis: <input type="checkbox"/> BC <input type="checkbox"/> CC <input type="checkbox"/> PCL	
<p>Copies of the following documents are attached: (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Application for AHCCCS Health Insurance<input type="checkbox"/> Immigration and Naturalization Service (INS) card (both front and back)<input type="checkbox"/> Proof of U.S. citizenship<input type="checkbox"/> Proof of identity<input type="checkbox"/> Health insurance card (both front and back)<input type="checkbox"/> Proof of income for: _____	
<p>The information contained in this facsimile communication is confidential and is intended solely for the use of the recipient named below. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, any dissemination, distribution, copying or other use of this communication for any purpose is strictly prohibited. If you have received this communication in error, please telephone the sender immediately and mail the communication to the sender at the address shown above. Thank you.</p>	<p>FAX: Total number of pages (including this referral form): _____ Pages</p>

BCCTP Eligibility Screening Worksheet & Documentation Requirements

APPLICANT'S NAME:	DATE:
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A) BCCTP ELIGIBILITY SCREENING: (Answer all questions)	YES	NO	
Under age 65?			If there are <u>any checkmarks in shaded areas</u> , the woman is not Medicaid eligible for the BCCTP. – <u>Exception:</u> If the woman has insurance but claims it does not cover cancer treatment, she may still be eligible for Medicaid.
Arizona resident?			
U.S. citizen or a non-citizen legally residing in the U.S.?			
Social Security number?			
Any of the following types of health insurance?			If <u>all checkmarks are in unshaded areas</u> the woman is potentially Medicaid eligible.
▪ AHCCCS (Medicaid)			
▪ Medicare			
▪ Individual health insurance			
▪ Group health insurance			
▪ Military coverage (e.g., Tricare)			
▪ Coverage under another person's health insurance policy			

B. DOCUMENTS NEEDED FOR BCCTP APPLICATION			
<p>1) Does the woman have a Social Security card or other proof of her <u>Social Security number</u>?</p> <p><input type="checkbox"/> Yes. Ask her to bring her Social Security card or other proof of her number.</p> <p><input type="checkbox"/> No AHCCCS will contact the Social Security Administration to verify that her number is valid.</p>			
<p>2) Is the woman a <u>U.S. citizen</u>?</p> <p><input type="checkbox"/> No – Ask her to bring her USCIS (INS) card. (Go to #4)</p> <p><input type="checkbox"/> Yes Does she have one of the following documents that is proof of <u>BOTH</u> Identity and Citizenship:?</p> <ul style="list-style-type: none"> ▪ Naturalization Certificate ▪ U.S passport ▪ Certificate of Citizenship issued by USCIS (N-560 or N-561) <ul style="list-style-type: none"> <input type="checkbox"/> Yes, Send a copy of the document with the application, and Go to 4 <input type="checkbox"/> No, Go to #3. 			
<p>3) Ask for two documents, one to verify citizenship and one to verify identity. Include copies of both with the application.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><u>Citizenship verification:</u></p> <ul style="list-style-type: none"> ▪ Birth certificate (AHCCCS can verify AZ birth.) ▪ U.S. Citizen ID card issued by USCIS (formerly INS), ▪ Report of Birth Abroad of a U.S Citizen (FS-240) issued by USCIS (formerly INS) ▪ Certificate of Birth issued by the Department of State ▪ American Indian Card issued by USCIS (INS) for the Kickapoo tribe. ▪ Evidence of Civil Service employment by the U.S. Government before 6/1/76. ▪ Official record of military service showing U.S. place of birth or U.S. citizen (i.e., DD-214) ▪ Final adoption decree showing U.S. place of birth ▪ Northern Mariana ID card issued by USCIS to naturalized citizens born before 11/4/86 ▪ Hospital birth record ▪ Life, health or other insurance records showing a U.S. place of birth and created at least 5 years prior to the initial AHCCCS application date ▪ Census Records ▪ BIA tribal census records for Navajo and Seneca ▪ Nursing home or medical records showing a U.S. place of birth and created at least 5 years before+ the original AHCCCS application showing U.S. place of birth </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><u>Identity verification:</u></p> <ul style="list-style-type: none"> ▪ Driver's license ▪ Government issued ID card with photo (if no photo, must include the same identifying information as a driver's license ▪ Tribal government issued ID card and documents, , including a Certificate of Indian Blood ▪ School ID with photo ▪ Military ID, U.S. military dependent ID, or US military draft record ▪ U.S. Coast Guard Merchant Mariner Card <p><u>For children under age 16:</u></p> <ul style="list-style-type: none"> • School records, including daycare or nursery records </td> </tr> </table>		<p><u>Citizenship verification:</u></p> <ul style="list-style-type: none"> ▪ Birth certificate (AHCCCS can verify AZ birth.) ▪ U.S. Citizen ID card issued by USCIS (formerly INS), ▪ Report of Birth Abroad of a U.S Citizen (FS-240) issued by USCIS (formerly INS) ▪ Certificate of Birth issued by the Department of State ▪ American Indian Card issued by USCIS (INS) for the Kickapoo tribe. ▪ Evidence of Civil Service employment by the U.S. Government before 6/1/76. ▪ Official record of military service showing U.S. place of birth or U.S. citizen (i.e., DD-214) ▪ Final adoption decree showing U.S. place of birth ▪ Northern Mariana ID card issued by USCIS to naturalized citizens born before 11/4/86 ▪ Hospital birth record ▪ Life, health or other insurance records showing a U.S. place of birth and created at least 5 years prior to the initial AHCCCS application date ▪ Census Records ▪ BIA tribal census records for Navajo and Seneca ▪ Nursing home or medical records showing a U.S. place of birth and created at least 5 years before+ the original AHCCCS application showing U.S. place of birth 	<p><u>Identity verification:</u></p> <ul style="list-style-type: none"> ▪ Driver's license ▪ Government issued ID card with photo (if no photo, must include the same identifying information as a driver's license ▪ Tribal government issued ID card and documents, , including a Certificate of Indian Blood ▪ School ID with photo ▪ Military ID, U.S. military dependent ID, or US military draft record ▪ U.S. Coast Guard Merchant Mariner Card <p><u>For children under age 16:</u></p> <ul style="list-style-type: none"> • School records, including daycare or nursery records
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<p>5) Does the woman have health insurance coverage?</p> <p><input type="checkbox"/> Yes – Ask her to bring her health insurance card. <input type="checkbox"/> No – (No documentation is required.)</p>			